For	rm 5500-SF	Short Form Annual Ret	/ee	0	DMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2	2012		
Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration					This Form is	Open to Public			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Inspection			
Part I		entification Information				L			
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012			
	urn/report is for:			an (not multiemployer)		a one-particip	ant plan		
<b>B</b> This ret	B This return/report is:								
C Check box if filing under:					—				
						DFVC program	m		
Dent II	Decis Dien Inform	special extension (enter description)							
Part II 1a Name		nation—enter all requested information	on		1h	Three-digit			
		01(K) PROFIT SHARING				plan number			
						(PN) 🕨	001		
					1c	Effective date of 01/01/	•		
2a Plan s	oonsor's name and addre	ess; include room or suite number (emp	olover, if for a single-	emplover plan)	2b	Employer Identif			
BLUERIDGE	E COMPANY.COM INC		,			(EIN) 65-118			
PO BOX 22	70				2c	2c Sponsor's telephone number 206-408-7362			
VASHON, W	/A 98070				2d	2d Business code (see instructions) 423700			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	<b>3b</b> Administrator's EIN				
					<b>3c</b> Administrator's telephone number				
<ul> <li>If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the aname, EIN, and the plan number from the last return/report.</li> </ul>									
a Spons		•			<b>4c</b> PN				
5a Totalı	number of participants at	the beginning of the plan year			<b>5a</b> 10				
<b>b</b> Total ı	number of participants at	the end of the plan year			5b				
		count balances as of the end of the plar			5c		0		
		uring the plan year invested in eligible a							
<b>b</b> Are yo	bu claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQI	PA)		X Yes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
		incomplete filing of this return/repor							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
				DANIEL GILBERT					
HERE	Signature of plan adn	ministrator Date Enter name of individ				idual signing as plan administrator			
SIGN									
HERE	Signature of employe	yer/plan sponsor Date Enter name of individ				idual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) KATHRYN L SHARP, CPA LAKE KENNEDY MCCULLOCH, CPAS PS PO BOX 1935 VASHON ISLAND, WA 98070 Preparer's telephone number (optional) 206-463-9944 206-463-9944									

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ing of Year			) End of Year
a Total plan assets		32102				0
<b>b</b> Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	32102	8			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)					
(2) Participants	. 8a(2)					
(3) Others (including rollovers)	. 8a(3)					
<b>b</b> Other income (loss)	. 8b	8441	7	_		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			_		84417
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	1	5			
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					15
i Net income (loss) (subtract line 8h from line 8c)						84402
j Transfers to (from) the plan (see instructions)	8j					OTTOL
Part IV Plan Characteristics	IJ					
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare for</li></ul>						
Part V Compliance Questions			r			
<b>10</b> During the plan year:				V	No	-
				Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	tion Program)	10a		X	Amount
	uciary Correct t? (Do not inc	tion Program) lude transactions reported				Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide <b>b</b> Were there any nonexempt transactions with any party-in-interest	uciary Correc t? (Do not inc	tion Program) lude transactions reported	10a		x	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu <b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correc t? (Do not inc fidelity bond,	tion Program) lude transactions reported  that was caused by fraud	10a 10b		x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	t? (Do not inc fidelity bond, ner persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c		x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of</li> </ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d		x x x x x x x x x x x x x x x x x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	t? (Do not inc fidelity bond, ner persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10d 10e 10f		x x x x x x x x x x x x x x x x x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d		x x x x x x x x x x x x x x x x x x x	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> </ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g		X X X X X X X X X X X X X X X X X X X	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h		X X X X X X X X X X X X X X X X X X X	Amount
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	Schedul	X X X X X X X X X X X X X X X X X X X	
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10h 10i	Schedul	X X X X X X X X X X X X X X X X X X X	
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc ? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instructi he required n 1-3 hents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	Schedul	X X X X X X X X X X X X X X X X X X X	orm
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3 hents? (If "Yest g requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	Schedul	X X X X X X X X X X X X X X X X X X X	orm
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3 hents? (If "Yes prequirements , as applicabl ng amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a         10b         10c         10c         10d         10d         10e         10f         10g         10h         10g         10h         10g         10h         10i         or second         ctions,	Schedul	X X X X X X X X X X X X X X X X X X X	orm
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instruction he required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a         10b         10c         10c         10d         10d         10e         10f         10g         10h         10g         10h         10g         10h         10i         or second         ctions,	Schedul	X X X X X X X X X X X X X X X X X X X	orm
<ul> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li></ul>	uciary Correc (Do not inc fidelity bond, her persons b of the benefits as of year end (See instructi he required n 1-3 hents? (If "Yes requirements , as applicabl ng amortized <b>e MB (Form</b>	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10c 10d 10d 10f 10f 10f 10f 10f 10f 0	Schedul	X X X X X X X X X X X X X X X X X X X	orm

С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_				
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)				
Part	t VIII Trust Information (optional)							

14a Name of trust	14b Trust's EIN

1995401K 05/02/2013 12:50 PM					49	75901k	L Pd
Form 5500-SF Department of the Treasury Internal Revenue Service	Short Form Annual F	Return/Repor Benefit Plan	t of Small Emplo	oyee			1210-0110 1210-0089
Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employee           Employee Benefits Security Administration         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).			2012				
				This Form is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with the ins	tructions to the Form 55	Increation			
Part I Annual Report I	dentification Information		······				
For calendar plan year 2012 or fisca			nd ending	· · · · ·			
A This return/report is for: X B This return/report is: C Check box if filing under:	the first return/report X an amended return/report Form 5558	the final return/repor a short plan year retu automatic extension	urn/report (less than 12 m	ionths)	·	participant plai program	1
Part II Basic Plan Infor	special extension (enter description mation—enter all requested inforr						
1a Name of plan	.COM INC 401 (K) PROFI				1b	Three-digit plan number (PN) ▶	001
					1c	Effective dat	e of plan
2a Plan sponsor's name and add BLUERIDGE COMPANY.	ress; include room or suite number (e	employer, if for a sing	gle-employer plan)		2b	Employer Identific (EIN) 65-1	ation No. 181260
PO BOX 2270					2c	Sponsor's telepho	
VASHON	WA 98070				2d	Business code (se	
VASHON	WA 90070				423700		
<b>3a</b> Plan administrator's name and	address X Same as Plan Spons		ne as Plan Sponsor Addre		3c	Administrato	
						telephone nu	Imber
4 If the name and/or EIN of the plan and the plan number from the last	sponsor has changed since the last return/	report filed for this plan,	, enter the name, EIN,		4b 4c	EIN PN	
	the heating of the slop upon				5a	······	10
<b>b</b> Total number of participants a	t the end of the plan year It balances as of the end of the plan year (	defined benefit plans do	not complete this item)		5b 5c		0 0
	uring the plan year invested in eligible			<u></u>		X Yes	No
<b>b</b> Are you claiming a waiver of thunder 29 CFR 2520.104-46? (	ne annual examination and report of a See instructions on waiver eligibility a	an independent quali and conditions.)	fied public accountant (IQ			X Yes	No
	ner line 6a or line 6b, the plan can						
Caution: A penalty for the late or	penalties set forth in the instructions						
Schedule SB or Schedule MB compl knowledge and belief, it is true, corre	eted and signed by an enrolled actua						
		51313	DANIEL GILBER	T			
HERE Signature of plan administrator Date Enter name of individual signing						administrator	
SIGN HERE Signature of employed	/plan sponsor	Date	Enter name of individu	al signing a	as emp	loyer or plan s	ponsor
Preparer's name (including firm nam Kathryn L Sharp, CPA	e, if applicable) and address; include	e room or suite numb	er (optional)	Preparer's	teleph	one number (d	optional)
LAKE KENNEDY MCCULLOO	CH, CPAS PS			000 10			
PO Box 1935				206-46	5-99	44	
Vashon Island	WA 98070 and OMB Control Numbers, see the in	structions for Form	5500-SF.			Form 5500	)-SF (2012)

## BLUERIDGE COMPANY.COM INC

Form 5500-SF 2012

Par	LIII Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		Year (b) End of Year			
a	Total plan assets	7a	321028		028	0		
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c		321	028			
8	Income, Expenses, and Transfers for this Plan Year					(b) Total		
а								
(*	) Employers	8a(1)			0			
(2	2) Participants	8a(2)				and the second second second		
(;	B) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		84,	417			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				84,417		
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			15			
g	Other expenses	8g				1=		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				15		
i	Net income (loss) (subtract line 8h from line 8c)	8i				84,402		
l	Transfers to (from) the plan (see instructions)	8j						
Par	IV Plan Characteristics							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							
	2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of l	Plan C	haracteristi	c Code	s in th	ne instructions:		
b	In the plan provides wehate benefits, enter the applicable wehate reactive oddes norm the zier of							
Par	V Compliance Questions					······································		
10	During the plan year:			Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time period de	scribe	d in					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	repor	ted					
	on line 10a.)		<u></u> 10b		X			
С	Was the plan covered by a fidelity bond?		<u> </u>		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	by fra	aud					
	or dishonesty?		<u></u> 10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance c	arrier,						
	insurance service or other organization that provides some or all of the benefits under the plan?	(See						
	instructions.)		<u></u> 10e		<u>X</u>			
<u> </u>	Has the plan failed to provide any benefit when due under the plan?		<u>10f</u>		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				••			
	2520.101-3.)	<u></u>	<u></u> 10h		X	Contraction of the second s		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of th	e						
-	exceptions to providing the notice applied under 29 CFR 2520.101-3		<u>   10i</u>					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB								
	Form 5500) and line 11a below)	<u></u>			440	Yes No		
<u>11a</u>	Enter the amount from Schedule SB line 39				11a	Yes X No		
<u>12</u>	z is uns a demined contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contribution plan subject to the manimum renergy requirements of contributicon plan subject to the manimum renergy requirements of contributic							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
а		see li				Year		
granung uie wavei.								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	o iine	13.		12b	l		
<u>b</u>	Enter the minimum required contribution for this plan year		<u></u>			I		

## 2012 Form 5500-SF e-file Signature Authorization

BLUERIDGE COMPANY.COM INC BLUERIDGE COMPANY.COM INC 401(K) PROFIT SHARING 001 PO BOX 2270 VASHON, WA 98070

Employer Identification Number: 65-1181260

Client Identification Number: 1995401K

You, as plan administrator, are authorizing that LAKE KENNEDY MCCULLOCH, CPAS PS electronically file the 2012 Form 5500-SF for BLUERIDGE COMPANY.COM INC 401(K) PROFIT SHARING as an EFAST2 Service Provider.

## Authorization

As plan administrator for BLUERIDGE COMPANY.COM INC 401(K) PROFIT SHARING, I authorize LAKE KENNEDY MCCULLOCH, CPAS PS to electronically file Form 5500-SF for the tax year 2012. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:	
Plan Administrator Authorization	
Date: _5 13 12	